

Audit Report



NONDEPLOYABLE NAVAL RESERVE COMPONENT PERSONNEL

Report Number 99-113

March 24, 1999

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March 24, 1999

**MEMORANDUM FOR ASSISTANT SECRETARY OF THE NAVY (FINANCIAL
MANAGEMENT AND COMPTROLLER)**

**SUBJECT: Audit of Nondeployable Naval Reserve Component Personnel
(Report No. 99-113)**

We are providing this report for your review and comment. This report is the second of two reports related to analyzing the processes used to manage nondeployable reserve component personnel. We conducted the audit in response to a 1994 General Accounting Office recommendation. We considered management comments on a draft of this report in preparing the final report.

DoD Directive 7650.3 requires that all recommendations be resolved promptly. Although comments were received from the Assistant Secretary of the Navy (Manpower and Reserve Affairs) those comments did not fully respond to recommendation B.1. in the draft report. Therefore we request that the Navy provide additional comments by May 24, 1999.

We appreciate the courtesies extended to the audit staff. Questions on the audit should be directed to Ms. Evelyn R. Klemstine at (703) 604-9172 (DSN 664-9172) (eklemstine@dodig.osd.mil) or Ms. Mary E. Geiger at (703) 604-9615 (DSN 664-9615) (mgeiger@dodig.osd.mil). See Appendix D for the report distribution. The audit team members are listed inside the back cover.

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Office of the Inspector General, DoD

Report No. 99-113
(Project No. 8LA-0035)

March 24, 1999

Nondeployable Naval Reserve Component Personnel

Executive Summary

Introduction. In 1991, the Department of the Army Inspector General's special assessment of Operations Desert Shield and Desert Storm indicated that dental and medical limitations accounted for more than 60 percent of nondeployable soldiers at mobilization stations. The inadequacy of Army family care plans also resulted in nondeployable soldiers and caused last minute personnel substitutions. In 1994, the General Accounting Office reported that DoD had been lax in overseeing the Services implementation of its medical and physical fitness programs for reservists. This is the second of two Inspector General, DoD, reports following up on those previously reported conditions.

On June 1, 1998, the Office of the Inspector General, DoD, issued Report No. 98-142, "Nondeployable Reserve Component Personnel," that described the processes used by the Army Reserve Command, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve to identify and manage nondeployable Reserve component personnel. That report discussed the continued lack of consistency in the application and adequate oversight of family care processes. Except for the Army National Guard, Reserve components reviewed were not meeting physical readiness standards and requirements. We conducted a separate review of the Naval Reserve Force because, unlike other Reserve components, the Naval Reserve Force, except for commissioned units, deploys one reservist at a time. Commissioned units deploy as a unit with the equipment they used for training. Augmentation units deploy one reservist at a time, to provide the gaining unit with the skills needed at the time of deployment. As of July 14, 1998, about 80,000 selected reservists in the Naval Reserve Force were assigned to about 200 Naval Reserve activities.

Objectives. The audit objective was to determine whether adequate procedures were in place to identify and manage nondeployable Naval Reserve component personnel. We also reviewed the management control program as it related to the audit objective.

Results. The Naval Reserve centers lacked consistency in the application and adequate oversight of the family care plan processes and records management needed improvement. Specifically, at 4 of 10 Naval Reserve centers visited, 39 of 526 finance and personnel records used to identify reservists requiring a family care plan were not accounted for. As a result of family care plan inadequacies and records not accounted for, readiness and deployability of reservists during a full mobilization could be adversely affected (finding A).

The 10 Naval Reserve centers visited were complying with Navy physical readiness test standards; however, the Navy physical readiness standards were not in accordance with DoD physical readiness test standards. In addition, the Naval Reserve centers were not complying with physical readiness test recordkeeping and reporting requirements. Specifically, at 8 of 10 Naval Reserve centers, 108 of 526 physical readiness test records

were not accounted for. As a result of both deficiencies, Naval Reserve centers could not ensure that all reservists could adequately demonstrate the physical capabilities needed to successfully perform mission specific duties in the event of mobilization (finding B).

We identified material management control weaknesses governing the application and adequate oversight of the family care plan process, records management, and the annual physical readiness test for reservists (see Appendix A). We considered management controls over the identification of dental and medical limitations adequate (see Appendix C) except at the Naval Air Reserve Center in Minneapolis, Minnesota (see Appendix B).

Summary of Recommendations. We recommend that the Commander, Naval Reserve Force direct Naval Reserve centers to perform a complete follow up and reconciliation of the finance and personnel records as well as the Ready Reserve screening questionnaires not accounted for in our audit. In addition, we recommend that the Naval Reserve Centers perform reviews, at least annually, of the Ready Reserve screening questionnaires to identify all reservists meeting the requirements for family care plans and ensure completion of a family care plan when needed and incorporate in the unit commander's fitness report and counseling record the requirement that the family care process be completed in a timely manner.

We recommend that the Chief of Naval Operations rescind the policy that makes the physical readiness test optional for members age 50 and older and expedite the revision of the physical readiness test standards for members age 50 and older. We also recommend that the Commander, Naval Reserve Force perform reviews, at least annually, of the Chief of Naval Operations Form 6110/2, "Risk Factor Screening/Physical Readiness Test Results." In addition, we recommend a complete follow up and reconciliation at the eight Naval Reserve centers to identify the physical readiness test records not accounted for during the audit.

Management Comments. The Assistant Secretary of the Navy (Manpower and Reserve Affairs) concurred with the report and the specific recommendations except for the recommendation to rescind the policy making the physical readiness test optional for members age 50 and older and to expedite the revision of the physical readiness test standards for members age 50 and older to ensure that members are physically able to mobilize. The Navy concurred in concept, but neither commented further nor provided any corrective action. A discussion of management comments is in the Findings section of the report and the complete text is in the Management Comments section.

Audit Response. We request that the Navy provide comments to the final report by May 24, 1999.

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Introduction

In 1991, the Department of the Army Inspector General's special assessment of Operations Desert Shield and Desert Storm indicated that dental and medical limitations accounted for more than 60 percent (approximately 8,000) of nondeployable soldiers identified at mobilization stations. The inadequacy of Army family care plans also resulted in nondeployable soldiers and caused last minute personnel substitutions. In 1994, the General Accounting Office reported that DoD had been lax in overseeing the Services' implementation of its medical and physical fitness programs for reservists. The General Accounting Office recommended that the Under Secretary of Defense for Personnel and Readiness direct the Inspector General, DoD, to review management controls to ensure that fitness related problems are corrected.¹ The Inspector General, DoD, received no request from the Under Secretary. However, knowing this was an agreed-upon requirement, the Inspector General, DoD, initiated the audit.

On June 1, 1998, the Office of the Inspector General, DoD, issued Report No. 98-142, "Nondeployable Reserve Component Personnel," that described the processes used by the Army Reserve Command, Army National Guard, Air Force Reserve, Air National Guard, and Marine Corps Reserve to identify and manage nondeployable Reserve component personnel. The Reserve components lacked consistency in the application and adequate oversight of family care processes. Except for the Army National Guard, the Reserve components we reviewed were not meeting physical readiness standards and requirements. Those areas were identified as material management control weaknesses. We conducted a separate review of the Naval Reserve Force because it deploys in a different manner than the remaining Reserve components. The Naval Reserve Force, except for commissioned² units, deploys one reservist at a time. Commissioned units deploy with the equipment that they train on, while augmentation³ units deploy one reservist at a time, depending on the reservists' skills needed at the time of deployment.

Background

Role of the Naval Reserve Force. Reserve forces are critical to the successful conduct of military operations in peacetime and wartime. The mission of the Naval Reserve Force is to provide mission-capable units and individuals to the Navy and Marine Corps team throughout the full range of operations from peace to war. In today's environment, the Naval Reserve Force is called upon to play an

¹ The Under Secretary of Defense for Personnel and Readiness has no line authority over the Inspector General, DoD, and cannot direct that an audit be performed. The Inspector General, DoD, is responsive, however, to requests for audits from DoD management.

² Commissioned units in the Naval Reserve Force are resourced to be complete, stand alone, self-sustaining organizational entities upon recall to active duty.

³ Augmentation units in the Naval Reserve Force are a grouping of mobilization billets validated to support a specific active gaining command.

increasing role in the day-to-day planning and operational requirements. Therefore, increasing demands in the strategic environment coupled with overall force reductions have resulted in the integration of Reserve forces into routine operations at sea and ashore. The integration benefits the Navy as well as the nation as a whole. To achieve the integration, naval reservists must train to the same exacting standards as their active-duty counterparts, on identical systems, and in likely operating environments.

The Naval Reserve Force is an integral part of our nation's preparedness for crisis. It comprises the Ready Reserves, the Standby Reserves, and the Retired Reserves. The Ready Reserve is broken down into two subcomponents: the Selected Reserve, which is the Navy's primary source of immediate mobilization, and the Individual Ready Reserve. The Standby Reserve and Retired Reserve components are available only for recall in a time of crisis; therefore, do not drill on a regular basis. As of July 14, 1998, about 80,000 Selected reservists in the Naval Reserve Force were assigned to about 200 Naval Reserve activities.

Naval Reserve Force Structure. There are 6 echelons of Command within the Naval Reserve Force structure. A rear admiral, with headquarters in New Orleans, Louisiana, commands the Naval Reserve Force (Echelon II). The Commander of the Naval Reserve Force also functions as the Director of Naval Reserves on the staff of the Chief of Naval Operations in Washington, D.C., and as the Chief of Naval Reserves in matters before Congress (Echelon I). The Commander of the Naval Reserve Force is supported by two flag officers who command the Naval Air Reserve Force and the Naval Surface Reserve Force (Echelon III). Without going into specific details, the reserve units (Echelon VI) are assigned to either the Naval Air Reserve centers or the Naval and Marine Corps Readiness Reserve centers (Echelon V); hereafter referred to as the Naval Reserve centers. As of September 30, 1998, the Naval Reserve Force was supported by about 16,400 Reserve funded full-time support personnel.

Objectives

The objective of this audit was to determine whether adequate procedures were in place to identify and manage nondeployable Naval Reserve component personnel. We also reviewed the management control program as it related to the audit objective. See Appendix A for a discussion of the scope and methodology and a summary of prior coverage. See Appendix B for a discussion of nondeployable naval reservists in Minneapolis, Minnesota.

A. Family Care Plans

The Naval Reserve centers lacked consistency in the application and adequate oversight of family care plan processes and records management needed improvement. Specifically, at 4 of 10 Naval Reserve centers, 39 of 526 finance and personnel records used to identify reservists requiring a family care plan were not accounted for. Also, at 5 of 10 Naval Reserve centers, of 35 family care plans required, only 21 were available for review. The Naval Reserve centers and unit commanders had not fully complied with DoD family care plan policy to identify all reservists requiring family care plans and to ensure the adequacy of the reservists' family care plans. If family care plan inadequacies continue to exist, readiness and deployability could be affected during a full mobilization.

Guidance

DoD Policy. DoD Instruction 1342.19, "Family Care Plans," July 13, 1992, establishes policy, assigns responsibilities, and prescribes procedures on family care plans. The Instruction requires Military Departments to ensure that systems are in place to monitor their respective family care plans. The Instruction also requires the Military Departments to ensure that Ready reservists have an up-to-date family care plan. The Instruction also specifies that officials are responsible for ensuring that Ready reservists are adequately informed of the importance of a family care plan and the resources available to assist them in preparing family care plans.

DoD Instruction 1342.19 requires that family care plans be initiated and maintained under certain circumstances. The Instruction requires single parents with dependents, dual military couples with dependents, as well as members with sole responsibility for the care of children under the age of 19 or family members who are unable to care for themselves in the member's absence to prepare and maintain a family care plan. The family care plan ensures that covered family members receive adequate care, supervision, and support during the member's absence.

Commanders or supervisors have the primary responsibility to ensure that members who meet the criteria have an up-to-date family care plan. Members must submit the family care plan to their commander, or the commander's representative for review. A family care plan must include arrangements for the financial well-being of family members covered by the family care plan during short- and long-term separations. Arrangements for financial care must include a power of attorney, allotments, and other appropriate means to ensure the self-sufficiency and financial security of family members. A family care plan must also include a statement signed by the caregiver acknowledging and accepting responsibility for care of the member's family and provisions for short- and long-term separations. A copy of the power of attorney that was

prepared for the caregiver must be included with the statement signed by the caregiver. The member is responsible for providing all necessary documents to the caregiver, including a will and the power of attorney.

Navy Policy. The Office of the Chief of Naval Operations (OPNAV) Instruction 1740.4A, "U.S. Navy Family Care Policy," December 17, 1996, provides procedural requirements for family care plans in accordance with DoD policy. The Instruction provides details on the preparation, review, and timeliness of family care plans. The Commander, Naval Reserve Force Instruction 1001.5C, "Administrative Procedures for the Selected Reserve and Participating Members of the Individual Ready Reserve," April 25, 1997, provides administrative procedures for managing participating members of the Naval Reserve. The Bureau of Naval Personnel Instruction 1001.39C, "Administrative Procedures for Naval Reservists on Inactive Duty," March 11, 1998, requires that all members of the Ready Reserve who are not on active duty are screened at least annually to ensure that Ready reservists are immediately available for recall or mobilization. Unit commanders are required to submit completed Ready Reserve screening questionnaires to Naval Reserve centers. One of the objectives of the Ready Reserve screening questionnaire is to identify reservists who are single parents with dependents and dual military couples with dependents so that a family care plan can be prepared. The Reserve centers are required to maintain Ready Reserve screening questionnaires in a manner easily accessible during mobilization.

Identification Process

The Naval Reserve centers lacked consistency in the application of the family care processes. Specifically, 4 of the 10 Reserve centers did not have available all the financial, personnel, and other records needed for the identification of reservists who required a family care plan. At the four centers, 39 of 526 finance and personnel records were not accounted for. The Naval Reserve procedure that was in effect to identify reservists who needed family care plans required the reservists to complete the Ready Reserve screening questionnaire annually. The Ready Reserve screening questionnaire is usually maintained in the finance record.

Annual Screening. Annual screening is the Navy's first step in the process of identifying reservists who require family care plans. The screening is an ongoing procedure designed to identify and remove reservists who are not mobilization ready from the Ready Reserve before the President or Congress declare war or a state of national emergency. All Selected reservists must complete the Ready Reserve screening questionnaire upon initial affiliation and each year thereafter. Reservists sign the Ready Reserve screening questionnaire to certify the accuracy and completeness of the information and that they will expeditiously notify their commanding officer should circumstances arise that would prevent their availability for mobilization. Unit commanders are to ensure that Ready Reserve screening questionnaires are reviewed and reservists are interviewed after they have completed the questionnaires to determine whether their family situations

require family care plans. In addition, unit commanders are to complete the Ready Reserve screening questionnaires indicating whether or not reservists are mobilization ready, and forward the forms to the Naval Reserve centers.

Records Review. Because Ready Reserve screening questionnaires are used to certify mobilization readiness and the need for family care plans, we first attempted to review each reservist's finance record or any other file that might provide a Ready Reserve screening questionnaire. We then reviewed any provided Ready Reserve screening questionnaires. If not provided, we examined the reservist's personnel record to obtain the Dependency Application/Record of Emergency Data form. The form assisted us in determining whether a family care plan was required.

Availability of Finance and Personnel Records. The Naval Reserve centers did not have available all the financial, personnel, and other records needed to obtain the Ready Reserve screening questionnaire or to determine the need for a family care plan. We visited 10 Naval Reserve centers to determine whether the Naval Reserve centers included in our sample (see Appendix A) had retained completed Ready Reserve screening questionnaires, as required. At the 10 Naval Reserve centers, we reviewed finance and personnel records for 526 reservists (see Appendix C), as well as any additional files that might contain the Ready Reserve screening questionnaires or the Dependency Application/Record of Emergency Data forms. The reservists included in our sample were assigned to 142 different units, which included air and surface units and augmentation and commissioned units. The Naval Reserve centers provided 427 finance records and 424 personnel records. The Naval Reserve centers accounted for another 60 finance records and 63 personnel records. Those records were for reservists who were on active duty, cross-assigned in and their records maintained at another Reserve center, retired, transferred to another unit, or transferred to the Individual Ready Reserves. Four Reserve centers could not account for 39 finance records and 39 personnel records.

Availability of Ready Reserve Screening Questionnaires. Of the 10 Naval Reserve centers, 9 did not have available all the required initial or annual Ready Reserve screening questionnaires. When the Ready Reserve screening questionnaires were not maintained in the reservists' records, we requested the command to ascertain whether the Ready Reserve screening questionnaires were maintained in a separate file. Of the 427 finance records provided for review, 356 were available. Of the 356 Ready Reserve screening questionnaires, 224 were current and dated after June 30, 1997. Using a combination of the Ready Reserve screening questionnaires and the Dependency Application/Record of Emergency Data forms, we determined that 35 family care plans were required. Of the 35 family care plans required, 30 were identified on the Ready Reserve screening questionnaire and 5 were identified on the Dependency Application/Record of Emergency Data forms. Specifically, 19 reservists were single parents with dependents and 16 reservists were part of a dual military couple with dependents.

Family Care Plan Preparation

The Naval Reserve centers and unit commanders had not fully complied with DoD and naval policies that require all reservists who need a family care plan to have one on file. Further, sufficient command emphasis had not been placed on monitoring family care plan completeness and preparation.

Required Plans. Family care plans were not maintained for all reservists required to have one on file. Specifically, at 4 of 10 Naval Reserve centers, documentation used to identify reservists who required family care plans indicated that 35 family care plans were required. However, only 21 of the 35 family care plans were available for review. At 5 of 10 Naval Reserve centers, the remaining 14 family care plans had been either misplaced or not prepared at all. In some instances, personnel from the Reserve centers were not aware that reservists' family situations required family care plans.

Family Care Plan Completeness. The Naval Reserve centers did not provide adequate oversight to ensure that all reservists who needed a family care plan prepared a complete one. At 5 of 10 Naval Reserve centers, although 35 family care plans were necessary, only 21 family care plans were available for review. Of the 21 family care plans available for review, only 14 contained all the elements required in OPNAV Instruction 1740.4A. In every case, the designated caregiver had been briefed as to their responsibilities and had signed the family care plan accordingly. In 7 cases the details of the family care plan were not specific. One plan simply stated that "all was in order." In other cases, required documentation such as a will and power of attorney were not provided. For example, each member of a dual military couple with dependents is required to maintain a copy of their spouse's family care plan. In every case the dual military couple had reviewed and concurred with the family care plan; however, family care plans for both spouses were not available in the records.

Oversight of Family Care Plans. At the Naval Reserve centers visited, emphasis on the Family Care Program varied. Two of the Naval Reserve centers provided unit commanders a list of reservists who were required to complete a family care plan. Other Naval Reserve centers prepared formal memorandums for unit commanders that identified reservists who were required to complete family care plans as well as the applicable policies pertaining to family care plans. Inspection checklists, which contained questions used to identify reservists who required family care plans, were to be used during triennial quality improvement visits by a higher echelon to the Reserve centers. The inspection checklists also included questions related to the adequacy of those family care plans. Despite actions taken by the Naval Reserve centers, unit commanders were slow to respond to correspondence requesting assurance of the preparation of family care plans. Reserve center personnel explained that unit commanders did not assign a high priority for completing and reviewing family care plans during drill time; thus creating delays in the completion of those family care plans. Timely completion of family care plans was not addressed in the unit commander's fitness report and counseling record.

Future Deployability

If inadequate family care plans continue to exist, readiness and deployability could be affected during a full mobilization. At five Naval Reserve centers, personnel were not able to identify all reservists who required family care plans or to ensure that reservists assigned to the Naval Reserve centers completed the required family care plans. Inadequate family care plans could result in nondeployable naval reservists. The nature of naval service dictates that members must be ready to deploy throughout the world on short notice and must be able to fully execute their military and professional duties. For members with dependents, the ability to meet that requirement is directly related to the degree of family care planning. Thorough planning benefits the Navy and the reservist by ensuring proper care for dependents, reduced stress on the member, and a deployable asset for the command. Planning to ensure the care of family members and dependents is especially crucial for single members with dependents and dual military couples with dependents. The Naval Reserve centers should establish a process to identify all reservists requiring a family care plan.

Recommendations and Management Comments

A. We recommend that the Commander, Naval Reserve Force direct Naval Reserve centers to:

- 1. Perform reviews, at least annually, to ensure accuracy and completeness of each member's Ready Reserve screening questionnaire, and when required, to include family care plans.**
- 2. Perform a complete follow up and reconciliation of the finance and personnel records not accounted for at the four Naval Reserve centers included in our audit.**
- 3. Perform a complete follow up and reconciliation of the Ready Reserve screening questionnaires not accounted for at the five Naval Reserve centers included in our audit and require completion of a family care plan when needed.**
- 4. Incorporate in the unit commander's fitness report and counseling record the requirement that the family care process be completed in a timely manner.**
- 5. Include in all future quality improvement visits a reconciliation between the Ready Reserve screening questionnaires and the Dependency Application/Record of Emergency Data forms to identify all reservists requiring family care plans.**

Management Comments. The Navy concurred with the recommendations and initiated corrective actions.

B. Physical Readiness Testing

The Naval Reserve centers we reviewed did not meet physical readiness standards and recordkeeping and reporting requirements. Specifically, at 8 of 10 Naval Reserve centers, 108 of 526 physical readiness test records were not accounted for. Physical readiness and recordkeeping and reporting requirements were not met because the Naval Reserve centers did not manage the Physical Readiness Program in accordance with DoD and Navy implementing guidance for physical readiness. As a result, Naval Reserve centers could not ensure that all reservists could adequately demonstrate the physical capabilities needed to successfully perform mission specific duties in the event of mobilization.

Guidance

DoD Policy. DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," July 20, 1995, states that physical fitness is essential to combat readiness. Individual Service members must possess the cardiorespiratory endurance, muscular strength and endurance, and whole body flexibility to successfully perform in accordance with their Service-specific mission and military specialty. The Directive requires each Service to establish its specific requirements and conduct the physical fitness training for its particular needs and mission. Reserve components' physical fitness and body fat standards are to be the same as those for the active component. The Directive also states that all Service members, regardless of age, must be formally evaluated and tested for the record at least annually; and finally, that corrective action for failure to meet required standards must be initiated.

Navy Policy. OPNAV Instruction 6110.1E, "Physical Readiness Program," March 23, 1998, provides policy and guidance for the implementation of the Physical Readiness Program in the Navy. The Physical Readiness Program is a complete conditioning program designed to reduce excess body fat, and to develop and maintain the cardiorespiratory fitness, muscular strength and endurance, and flexibility needed to maintain and demonstrate a minimum level of physical readiness. The Navy's Physical Readiness Program applies to all active duty and Naval reservists of all ranks, enlisted and officers. In addition, the Instruction requires all members, except those age 50 and older, to participate in the physical readiness test and conditioning programs. The Instruction allows members age 50 and older the option of participating in physical readiness testing. However, the requirement to maintain body fat standards remained. For naval members who exceeded height to weight and body fat standards or who failed the official physical readiness tests, their promotions were to be delayed, or frocking, advancement, or redesignation withheld until they meet standards. The Instruction also states that three physical readiness test failures in a 4-year period would require processing the active or Reserve member for administrative separation or denial of reenlistment.

Commander, Naval Reserve Force Instruction 6110.2A, "Health and Physical Readiness Program," January 31, 1994, provides standardized policy and guidance for the Physical Readiness Program in the Naval Reserve. Reservists are required to perform semiannual physical readiness tests.

Physical Readiness Testing Age Exemption

The 10 Naval Reserve centers we reviewed were complying with Navy physical readiness standards; however, the Navy physical readiness test standards were not in accordance with DoD physical readiness test standards. Specifically, the Department of the Navy made physical readiness testing optional for service members age 50 and older. As of July 14, 1998, about 80,000 Selected reservists were in the Naval Reserve Force. Of the 80,000 Selected reservists, 3,046 were age 50 and older. Of the 3,046 reservists age 50 and older, 1,259 were actually age 55 and older.

DoD Directive 1308.1 requires all members to participate in the physical readiness test at least annually. OPNAV Instruction 6110.1E requires all members, except those age 50 and older, to participate in the physical readiness test. In a June 22, 1990, memorandum, the Chief of Naval Operations declared, with the support of the Surgeon General of the United States, that the physical readiness test was optional for members age 50 and older. However, the requirement to maintain body fat standards remained. Personnel from the Naval Medical Research Institute stated that the change in policy occurred because of fatalities during physical readiness tests in the late 1980s.

Although OPNAV Instruction 6110.1E contains physical readiness test standards for members age 50 and older, personnel from the Naval Medical Research Institute stated that those physical readiness test standards were developed for members in the 45 to 49 age group. Since OPNAV Instruction 6110.1E allows members age 50 and older the option to participate in the physical readiness test, the Department of the Navy, through the Naval Health Research Center, has been working on new physical readiness test standards that include members age 50 and older. As of November 19, 1998, the Naval Health Research Center in San Diego, California, was in the process of collecting and analyzing data for updated physical readiness test standards in order to make physical readiness testing required for all members age 50 and older.

At 10 Naval Reserve centers, of the 298 physical readiness test records we reviewed, 34 reservists were age 50 and older. Of the 34 reservists age 50 and older, 13 opted not to take the physical readiness test.

Record Management and Reporting

The Naval Reserve centers we reviewed did not meet physical readiness test recordkeeping and reporting requirements. The standards were not met because the Naval Reserve centers reviewed did not manage the Physical Readiness Program in accordance with DoD and Navy implementing guidance for physical readiness. OPNAV Form 6110/2, "Risk Factor Screening/Physical Readiness Test Results," commonly referred to as the pink folder, was the primary method used to screen reservists to ensure safe participation in the Physical Readiness Program. All tests related to the physical readiness test, as well as the actual results from the physical readiness test itself, were included in the physical readiness test record. The Commander, Naval Reserve Force Instruction 6110.2A states that accountability, accuracy, completeness, and custody of the physical readiness test record is the responsibility of the Naval Reserve centers commanding officer. The Instruction allows the Naval Reserve centers commanding officer to delegate to unit commanders the appointment of a sufficient number of command fitness coordinators to ensure implementation of the Physical Readiness Program.

Record Availability. The Naval Reserve centers were not able to provide all the physical readiness test records we requested because the physical readiness test records were always maintained at the Reserve center. Of the 526 physical readiness test records we requested, only 298 were provided for review (see Appendix C). In addition to the 298 physical readiness test records the Naval Reserve centers provided, they accounted for another 120 physical readiness test records. However, those 120 physical readiness test records could not be reviewed because the reservists were on active duty, cross-assigned in and their records maintained at another Reserve center, retired, transferred to another unit, transferred to the Individual Ready Reserve, or their records were maintained at another location within the Command that was not accessible or was geographically separated. The Reserve centers could not account for 108 physical readiness test records.

Commanding officers of Naval Reserve activities are responsible for the successful administration of the Physical Readiness Program and for ensuring that reservists are physically capable of performing mission-specific duties. The commanding officer may delegate those responsibilities to the unit commanders. Unit commanders may appoint command fitness coordinators at the unit to carry out those responsibilities based on the command size. Command fitness coordinators are required to ensure that all physical readiness test records are accounted for, accurate, and complete. In most cases, the command fitness coordinators are geographically separated from the Naval Reserve center; therefore, the physical readiness test records are not easily accessible. Multiple command fitness coordinators at the unit without a central or primary command fitness coordinator at the Reserve center presents a coordination and reporting problem. Instruction 6110.2A does not require a central or primary command fitness coordinator at each Reserve center. However, a central or primary command fitness coordinator at the Reserve centers is needed to ensure that all reservists assigned to the Reserve center are in compliance with the Physical Readiness Program.

Record Completeness. The physical readiness test records were incomplete. Specifically, neither the command fitness coordinators nor the reservists always signed the physical readiness test results; therefore, the results were not verified upon completion of the test. Of the 298 physical readiness test records reviewed, 101 were incomplete because the member or the command fitness coordinator at the unit did not verify the accuracy of the test results by signing the physical readiness test after the physical readiness test was taken. Of the 101 incomplete physical readiness test records, there were 5 instances in which the validity of the test was in doubt. For example,

- a reservist and the command fitness coordinator presigned one physical readiness test record,
- the command fitness coordinator signed three physical readiness test records in advance, and
- a physical readiness test record was not scored.

The Navy's guidance does not establish a specific time in which the physical readiness test records must be signed by the command fitness coordinator at the unit or the reservist. We identified 18 physical readiness test records that neither the command fitness coordinator nor the reservists had signed. A command fitness coordinator stated that a member's physical readiness test record may go unsigned until the next physical readiness test or until an annual maintenance update occurs at the command. An unsigned physical readiness test, or one that is signed in advance, provides an opportunity for manipulation of the results. The reservists' physical condition should be validated by the signature of the command fitness coordinator providing the test results and the reservists' acknowledgement of those results. To ensure the completeness and validity of a reservist's physical readiness test record, physical readiness test results should be signed and verified by the reservist and command fitness coordinator as soon after the test as possible. Accurate and complete information is required for all reservists to determine retention and deployability.

Naval Personnel Form 1070/613. Documentation of a failed physical readiness test or failed body composition standards was not always available. Naval Personnel Form 1070/613, commonly referred to as the page 13, must be signed by enlisted reservists who fail any physical readiness tests or any body composition screenings. All officers who fail any physical readiness tests or any body composition screenings must sign a letter of notification. A copy of the page 13 or the letter of notification should be maintained in the reservist's physical readiness test record and a copy should be sent to the Bureau of Navy Personnel. Of the 298 physical readiness test records reviewed, 11 indicated reservists failed the physical readiness test. Of the 11 physical readiness test records that indicated the reservist failed the physical readiness test or body composition screening, 6 did not contain a page 13 or a letter of notification. Navy guidance does not require periodic reviews of the physical readiness test record for accuracy and completeness. However, a need exists for that requirement to ensure compliance with recordkeeping and reporting guidance.

Physical Capabilities

The 10 Naval Reserve centers we reviewed did not ensure that all reservists could adequately demonstrate the physical capabilities needed to successfully perform mission specific duties in the event of mobilization. The Naval Reserve centers could neither ensure that reservists age 50 and older were able to be deployed, nor provide valid and up-to-date physical readiness test records for every reservist.

Recommendations, Management Comments and Audit Response

B.1. We recommend that the Chief of Naval Operations:

a. Rescind the policy contained in the Chief of Naval Operations Instruction 6110.1E, "Physical Readiness Program," March 23, 1998, making the physical readiness test optional for members age 50 and older.

b. Expedite the revision of the physical readiness test standards for members age 50 and older contained in the Chief of Naval Operations Instruction 6110.1E to ensure that members are physically able to mobilize.

c. Establish requirements for an annual review of the contents of the Office of the Chief of Naval Operations Form 6110/2, "Risk Factor Screening/Physical Readiness Test Results," and for procedures to ensure the accuracy and timely completeness of the physical readiness test records.

Management Comments. The Navy concurred with the concept of the recommendations.

Audit Response. We consider the Navy comments to be partially responsive. We request that the Navy provide specific details on the actions it will take regarding the recommendations in its response to the final report.

B.2. We recommend that the Commander, Naval Reserve Force require Naval Reserve centers to:

a. Review, annually, the Chief of Naval Operations Form 6110/2, "Risk Factor Screening/Physical Readiness Test Results," and require the signature of the command fitness coordinator and the reservist to ensure accuracy, completeness, and compliance with recordkeeping and reporting requirements, in accordance with Chief of Naval Operations Instruction 6110.1E.

b. Appoint a central or primary command fitness coordinator at the Naval Reserve center to ensure all units' compliance with the Physical Readiness Program.

c. Perform a complete followup at the eight Naval Reserve centers to identify and reconcile the physical readiness test records not accounted for during the audit.

Management Comments. The Navy concurred and agreed to take the recommended actions.

Appendix A. Audit Process

Scope

We reviewed the processes and analyzed corresponding DoD and Navy instructions dated from 1992 through March 1998 that the Naval Reserve Force used to identify and manage nondeployable Reserve component personnel. Specifically, we evaluated the Naval Reserve centers' policies and procedures on family care plans, physical readiness testing, and medical and dental programs.

DoD-Wide Corporate Level Goals. In response to the Government Performance and Results Act, DoD has established 6 DoD-wide corporate level performance objectives and 14 goals for meeting the objectives. This report pertains to achievement of the following objective and goal.

Objective: Maintain highly ready joint forces to perform the full spectrum of military activities. **Goal:** Maintain highly ready joint forces to perform the full spectrum of military activities by improving force management procedures throughout DoD. (DoD-5.3)

High-Risk Area. This report provides coverage of nondeployable Naval Reserve component personnel problems within the General Accounting Office high-risk area of Defense Infrastructure.

Methodology

Developing the Sample. We visited five Naval and Marine Corps Readiness Reserve centers and five Naval Air Reserve centers. We selected the Naval Reserve centers judgmentally based on geographic location, type of center, and number of reservists in the geographic location. However, we did not review the records of members of the Marine Corps Reserve because they were reviewed in a previous audit. We obtained a database of 79,621 reservists as of July 14, 1998, from personnel at the Office of the Commander Naval Reserve Force in New Orleans, Louisiana. The Inspector General, DoD, Quantitative Methods Division developed geographic groups based on the reservists' residences and drew simple random samples of reservists' records at the locations judgmentally selected. Our initial Naval Reserve center visits indicated it would be more efficient to use the Naval Reserve activity code for geographic grouping. Of the 79,621 reservists in the database, only 58,414 had valid Naval Reserve activity codes. The Inspector General, DoD, Quantitative Methods Division regrouped the 58,414 reservists geographically; the audit team selected eight Naval Reserve centers; and the Inspector General, DoD, Quantitative Methods Division drew simple random samples with no more than 100 reservists at each Naval Reserve center. Because the Naval Reserve centers were selected judgmentally, the results do not project

to all Selected reservists. However, reservists' records were statistically selected and the discovery of problems among them does demonstrate the existence of problems at the 10 Naval Reserve centers.

Information Reviewed. The information reviewed at each Reserve center was used to determine whether reservists at that Reserve center were nondeployable. At the 10 Naval Reserve centers, we reviewed 427 finance and personnel records, 323 dental records, 328 medical records, and 298 physical readiness test records. Within the finance and personnel records, we reviewed Ready Reserve screening questionnaires and Dependency Application/Record of Emergency Data forms to identify whether family care plan certificates were required. If required, we reviewed them for completeness. In the medical records, we reviewed the Report of Medical Exam (Standard Form 88) and Report of Medical History (Standard Form 93) and the annual certification of physical condition. We examined those records to ensure that information was current and to determine the actions taken for personnel temporarily not physically qualified or not physically qualified for duty in the event of mobilization. For dental records, we reviewed dental health questionnaires and Dental Health Records (Standard Form 603/A). We examined those records to determine the extent that personnel, who were identified as unfit for deployment due to medical or dental problems, were being managed. Finally, we reviewed the available OPNAV Form 6110/2, commonly known as the pink folder; to determine the effectiveness of the Navy Physical Readiness Program, as it applies to Naval reservists.

Use of Computer-Processed Data. We used computer-processed data from the Reserve Information Management System/Order-writing Module and the Reserve Financial Management System maintained by the Navy Reserve Information Systems Office, to determine the Naval Reserve centers to be visited and determine the audit sample selection. The database listing personnel was 27 percent inaccurate because it provided only 58,414 of 79,621 reservists with their Naval Reserve activity code. However, the accuracy and reliability did not effect our audit conclusions and results.

Audit Type, Dates, and Standards. We performed this program audit from June through December 1998 in accordance with standards implemented by the Inspector General, DoD. Accordingly, we included tests of management controls considered necessary.

Contacts During the Evaluation. We visited or contacted individuals and organizations within the DoD. Further details are available upon request.

Management Control Program

DoD Directive 5010.38, "Management Control Program," August 26, 1996, requires DoD organizations to implement a comprehensive system of management controls that provides reasonable assurance that programs are operating as intended and to evaluate the adequacy of those controls.

Scope of Review of Management Control Program. We reviewed the adequacy of management controls for the Naval Reserve centers visited as they related to the management of nondeployable reservists. Specifically, we reviewed management controls over family care plan processes, physical readiness, and medical and dental programs. We reviewed management's self-evaluation applicable to those controls.

Adequacy of Management Controls. We considered management controls over the identification of dental and medical limitations adequate. See Appendix B for a discussion of nondeployable naval reservists in Minneapolis, Minnesota. We identified material management control weaknesses for the Naval Reserve Force as defined by DoD Directive 5010.38. The management control program governing family care planning was not adequate to ensure the application and adequate oversight of the family care plan process. At 4 of 10 Naval Reserve centers, 39 of 526 finance and personnel records were not accounted for. Further, the Naval Reserve centers did not comply with DoD physical readiness standards and recordkeeping and reporting requirements. At 8 of 10 Naval Reserve centers, 108 of 526 physical readiness test records were not accounted for. Recommendations in this report, if implemented, will correct the material weaknesses. A copy of the report will be provided to the senior official responsible for the management control program in the Naval Reserves.

Adequacy of Management's Self-Evaluation. The Naval Reserve centers visited did not identify family care planning and physical readiness testing as assessable units. Therefore, they did not identify the material management control weaknesses identified by this audit.

Summary of Prior Coverage

General Accounting Office Report No. NSIAD-94-36 (OSD Case No. 9576), "Reserve Forces: DoD Policies Do Not Ensure That Personnel Meet Medical and Physical Fitness Standards," March 1994.

Inspector General, DoD, Report No. 98-142, "Nondeployable Reserve Component Personnel," June 1, 1998.

Department of the Army Inspector General Report, "Special Assessment of Operation Desert Shield/Storm," December 1991.

Appendix B. Nondeployable Naval Reservists in Minneapolis, Minnesota

Background. It is DoD policy to maintain uniformity of nomenclature used for dental classifications. Therefore, four uniform dental classifications have been recognized by the Assistant Secretary of Defense for Health Affairs. A Class I dental status means that the reservist does not require dental treatment or reevaluation within 12 months. A Class II dental status means that the reservist has an oral condition that, if not treated or followed up, has the potential but is not expected to result in dental emergencies within 12 months. A Class III dental status means that the reservist has an oral condition that if not treated is expected to result in dental emergencies within 12 months. Also, a reservist should be placed in a dental Class III status when there is a discrepancy in determining a dental Class II and dental Class III. A Class IV dental status means that the reservist requires a dental examination or has not had an annual Type II dental exam within the last 5 years. A Type II dental examination consists of bitewing X-rays and a comprehensive mirror and explorer exam. A Class IV dental status includes reservists who require annual or other examinations as well as reservists whose dental classifications are unknown. A reservist is able to deploy if placed in a dental Class I or Class II status. However, a reservist is not physically qualified temporarily if placed in a dental Class III or Class IV status; consequently, the reservist is nondeployable.

Minneapolis, Minnesota. One of 10 Naval Reserve centers visited did not have adequate controls governing the dental classification for reservists in a Class IV status. At the Naval Air Reserve Center in Minneapolis, Minnesota, the Medical Department did not report and track reservists in a dental Class IV status. Of the 50 reservists, 12 included in the sample indicated that they had never had a dental exam, had not had a Type II dental exam within the last 5 years, or had no identifiable dental classification. Consequently, at the Naval Air Reserve Center in Minneapolis, Minnesota, the Medical Department had not adequately identified nondeployable Naval reservists.

In a September 3, 1998, meeting with the Executive Officer, Naval Air Reserve Center in Minneapolis, Minnesota, we informed the Executive Officer that the Reserve center must begin to report and track those reservists who should be placed in a dental Class IV status. The Executive Officer agreed to make the commanding officer aware of the reporting problem and suggested that the Reserve center begin to report and track dental Class IV reservists.

Appendix C. Summary of Records Review at Naval Reserve Centers Visited

During the audit, we requested a total of 526 dental, finance, personnel, medical, and physical readiness test records from the 10 Naval Reserve centers visited. The dental and medical records reviewed provided sufficient evidence that the Medical Department at each of the 10 Naval Reserve centers, except for the Naval Air Reserve Center in Minneapolis, Minnesota (see Appendix B), performed their duties adequately. In general, the dental and medical records contained either dental exams or physical exams that were within periodicity. Also, the Medical Department verified dental and medical records on an annual basis.

Tables C-1 through C-5 explain the finance, personnel, and physical readiness test results from the audit site visits to the 10 Naval Reserve centers. When the Reserve centers were unable to actually provide us the reservists' records, we asked the Reserve centers to state their reasons for not providing the requested records. When the Reserve centers were able to verify that the records requested but not available were for reservists who were on active duty, cross-assigned in and their records maintained at another Reserve center, retired, signed out, or transferred to the Individual Ready Reserve, that demonstrated to us that the Reserve centers were able to account for the records not provided to us. However, the Reserve centers were not always able to identify where the requested records were at the time of our visit.

Finance Records. Table C-1 shows the distribution of finance records that we requested in comparison to those that we reviewed. Of the 526 finance records requested, 427 were available for review. Personnel from the Reserve centers were able to account for another 60 finance records.

Table C-1. Status of Finance Records Requested for Review

<u>Location</u>	<u>Requested</u>	<u>Provided</u>	<u>Accounted For</u>	<u>Not Accounted For</u>
<u>NAR¹ Center</u>				
Fort Worth, TX	43	30	9	4
Jacksonville, FL	56	51	0	5
Minneapolis, MN	50	47	3	0
San Diego, CA	27	23	4	0
Whidbey Island, WA	100	93	7	0
<u>NMCRC²</u>				
Albany, NY	40	37	3	0
Dallas, TX	57	23	6	28
Jacksonville, FL	30	28	0	2
Milwaukee, WI	50	40	10	0
San Diego, CA	<u>73</u>	<u>55</u>	<u>18</u>	<u>0</u>
Total	526	427	60	39

¹Naval Air Reserve.

²Naval and Marine Corps Readiness Reserve Center.

Personnel Records. Table C-2 shows the distribution of personnel records we requested in comparison to those that we reviewed. Of the 526 personnel records we requested, 424 were available for review. Personnel from the Reserve centers were able to account for 63 additional records.

Table C-2. Status of Personnel Records Requested for Review

<u>Location</u>	<u>Requested</u>	<u>Provided</u>	<u>Accounted For</u>	<u>Not Accounted For</u>
<u>NAR¹ Center</u>				
Fort Worth, TX	43	30	9	4
Jacksonville, FL	56	48	3	5
Minneapolis, MN	50	47	3	0
San Diego, CA	27	23	4	0
Whidbey Island, WA	100	93	7	0
<u>NMCRC²</u>				
Albany, NY	40	37	3	0
Dallas, TX	57	23	6	28
Jacksonville, FL	30	28	0	2
Milwaukee, WI	50	40	10	0
San Diego, CA	<u>73</u>	<u>55</u>	<u>18</u>	<u>0</u>
Total	526	424	63	39

¹Naval Air Reserve.

²Naval and Marine Corps Readiness Reserve Center.

Family Care Planning Review. Table C-3 shows the results of the review of the Ready Reserve screening questionnaire and the Dependency Application/Record of Emergency Data form. The Ready Reserve screening questionnaires and the Dependency Application/Record of Emergency Data forms identified a total of 19 single parents with dependents and 16 reservists who were part of a dual military couple with dependents that required a family care plan.

Table C-3. Review of Ready Reserve Screening Questionnaire and the Dependency Application/Record of Emergency Data Form

<u>Location</u>	<u>Single</u> ¹	<u>Dual</u> ²	<u>Family Care Plans</u>		
			<u>Required</u>	<u>Available</u>	<u>Complete</u>
<u>NAR</u> ³ Center					
Fort Worth, TX	0	0	0	0	0
Jacksonville, FL	2	3	5	2	2
Minneapolis, MN	4	0	4	4	4
San Diego, CA	0	1	1	1	0
Whidbey Island, WA	6	5	11	6	6
<u>NMCRC</u> ⁴					
Albany, NY	2	1	3	3	0
Dallas, TX	0	0	0	0	0
Jacksonville, FL	1	3	4	1	1
Milwaukee, WI	3	2	5	3	0
San Diego, CA	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>
Total	19	16	35	21	14

¹Single parents with dependents.

²Dual military couples with dependents.

³Naval Air Reserve.

⁴Naval and Marine Corps Readiness Reserve Center.

Physical Readiness Tests Records. Table C-4 shows the distribution of physical readiness test records we requested in comparison to those that we reviewed. Of the 526 physical readiness test records requested, 298 were available for review. Personnel from the Reserve centers accounted for 120 additional records.

Table C-4. Status of Physical Readiness Test Records Requested for Review

<u>Location</u>	<u>Requested</u>	<u>Provided</u>	<u>Accounted For</u>	<u>Not Accounted For</u>
<u>NAR¹ Center</u>				
Fort Worth, TX	43	17	12	14
Jacksonville, FL	56	8	2	46
Minneapolis, MN	50	41	8	1
San Diego, CA	27	7	10	10
Whidbey Island, WA	100	77	18	5
<u>NMCRC²</u>				
Albany, NY	40	31	8	1
Dallas, TX	57	23	6	28
Jacksonville, FL	30	23	4	3
Milwaukee, WI	50	38	12	0
San Diego, CA	<u>73</u>	<u>33</u>	<u>40</u>	<u>0</u>
Total	526	298	120	108

¹Naval Air Reserve.

²Naval and Marine Corps Readiness Reserve Center.

Physical Readiness Review. Table C-5 shows the overall results of the physical readiness test review. Out of the 526 physical readiness test records requested, only 298 were available for the auditors to review. The review identified 34 members age 50 and older. Of those 34 members, 13 elected to waive the physical readiness test. In addition, 101 records were incomplete because the command fitness coordinator did not sign the form, the results were not scored, or the member did not sign the form.

Table C-5. Review of Physical Readiness Test Records

<u>Location</u>	<u>Over Age 50</u>	<u>Age Waivers</u>	<u>Incomplete Forms</u>	<u>PRT¹ Failures</u>
<u>NAR² Center</u>				
Fort Worth, TX	6	1	10	0
Jacksonville, FL	0	0	1	0
Minneapolis, MN	3	1	23	1
San Diego, CA	2	1	0	0
Whidbey Island, WA	5	3	18	3
<u>NMCRC³</u>				
Albany, NY	2	1	25	3
Dallas, TX	2	1	7	2
Jacksonville, FL	1	1	6	2
Milwaukee, WI	2	2	4	0
San Diego, CA	<u>11</u>	<u>2</u>	<u>7</u>	<u>0</u>
Total	34	13	101	11

¹Physical readiness test.

²Naval Air Reserve.

³Naval and Marine Corps Readiness Reserve Center.

Appendix D. Report Distribution

Office of the Secretary of Defense

Under Secretary of Defense (Comptroller)
Deputy Chief Financial Officer
Deputy Comptroller (Program/Budget)
Under Secretary of Defense for Personnel and Readiness
Assistant Secretary of Defense (Health Affairs)
Assistant Secretary of Defense (Public Affairs)
Assistant Secretary of Defense (Reserve Affairs)
Director, Defense Logistics Studies Information Exchange

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Department of the Army

Assistant Secretary of the Army (Financial Management and Comptroller)
Auditor General, Department of the Army

Department of the Navy

Assistant Secretary of the Navy (Financial Management and Comptroller)
Auditor General, Department of the Navy
Office of the Chief of Naval Operations
Director, U.S. Naval Reserve

Department of the Air Force

Assistant Secretary of the Air Force (Financial Management and Comptroller)
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Other Defense Organizations

Director, Defense Contract Audit Agency
Director, Defense Logistics Agency
Director, National Security Agency
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Congressional Committees and Subcommittees, Chairman and Ranking Minority Member

Senate Committee on Appropriations
Senate Subcommittee on Defense, Committee on Appropriations
Senate Committee on Armed Services
Senate Committee on Governmental Affairs
House Committee on Appropriations
House Subcommittee on Defense, Committee on Appropriations
House Committee on Armed Services
House Committee on Government Reform
House Subcommittee on Government Management, Information and Technology,
 Committee on Government Reform
House Subcommittee on National Security, Veterans Affairs, and International Relations,
 Committee on Government Reform

Department of the Navy Comments



DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

FEB 23 1999

MEMORANDUM FOR THE DEPARTMENT OF DEFENSE ASSISTANT INSPECTOR
GENERAL FOR AUDITING

SUBJECT: Draft Report on the Audit of Nondeployable Naval
Reserve Component Personnel (Project No. 81A-0035)

The draft report on the Audit of Nondeployable Naval Reserve
Component Personnel has been reviewed. The Department of the
Navy comments are provided at Attachment 1.

My point of contact in this matter is CDR Dick Page, who can
be reached at 693-0389.

A handwritten signature in cursive script, reading "Carolyn H. Becraft".

CAROLYN H. BECRAFT
Assistant Secretary of the Navy
(Manpower and Reserve Affairs)

Attachment:

1. Director, Naval Reserve comments

Copy to:

NAVINGEN (02)

Office of Financial Operations (EMO-31)



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

IN REPLY REFER TO
1001
Ser N951C/905690
17 Feb 99

MEMORANDUM FOR ASSISTANT SECRETARY OF THE NAVY (MANPOWER
AND RESERVE AFFAIRS)

SUBJECT: Audit of Nondeployable Naval Reserve Component
Personnel (Project No. 8LA-0035) - INFORMATION
MEMORANDUM

1. I have reviewed the Department of Defense Inspector General draft Audit Report on Nondeployable Naval Reserve Component Personnel and provide the following comments on each recommendation within my authority affecting the Naval Reserve.

a. Recommendation A.1. Concur. Unit commanders will perform annual reviews to ensure accuracy and completeness of each member's Ready Reserve Screening Questionnaire, including Family Care Plans when required.

b. Recommendation A.2. Concur. Naval Reserve Activity commanders will identify, locate and reconcile the finance and personnel records not accounted for at the four Naval Reserve Centers included in your audit.

c. Recommendation A.3. Concur. Naval Reserve Activity commanders will identify, locate and reconcile the Ready Reserve Screening Questionnaires not accounted for at the five Naval Reserve Centers included in your audit and require completion of Family Care Plans if needed.

d. Recommendation A.4. Concur. When evaluating unit commander's performance, will emphasize the importance of, and the impact of Family Care Plans and issues on, unit readiness.

e. Recommendation A.5. Concur. Future command assessment visits will include a reconciliation between Ready Reserve Screening Questionnaires and the Dependency Application/Record of Emergency Data (NAVPERS 1070/602) forms to identify all Reservists requiring Family Care Plans.

f. Recommendation B.2.a. Concur. Unit commanders will be responsible for ensuring annual review of the Chief of Naval Operations Form 6110/2, "Risk Factor Screening/Physical

Readiness Test Results," and require the signature of the command fitness coordinator and the Reservist to ensure accuracy, completeness, and compliance with record keeping and reporting requirements, in accordance with OPNAVINST 6110.1E.

g. Recommendation B.2.b. Concur. Naval Reserve Activity Commanding Officers will appoint a central or primary command fitness coordinator at each activity to monitor all units compliance with the Physical Readiness Program.

h. Recommendation B.2.c. Concur. Naval Reserve Activity commanders will identify, locate and reconcile the physical readiness test records not accounted for at the eight Naval Reserve Centers included in your audit.

2. By emphasizing management controls over family care plans and physical readiness testing as addressed by the Inspector General's recommendations, the Naval Reserve Force will be in compliance with DoD Instruction 1342.19, "Family Care Plans" and DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program." Rigorous management controls will be in place to ensure compliance.

3. Evidence of proper redress of previous unsatisfactory inspection areas from site visits will be maintained by the cognizant Echelon III activity.

4. It is my understanding that the Naval Personnel Command (NPC-6) concurs in concept with recommendations B.1.a., B.1.b. and B.1.c.

5. My point of contact is CDR Rick Blunt, who can be reached at 601-1818.

W. S. Marlowe
W. S. MARLOWE

Captain, U.S. Naval Reserve
Executive Assistant to the
Director of Naval Reserve

Audit Team Members

The Readiness and Logistics Support Directorate, Office of the Assistant Inspector General for Auditing, DoD, produced this report.

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